

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 101 563466 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3	2			1			
4	1	8		1			
5		8		1			
6	1		1				
7		1		1			
8	2			1			
9	1			1			
10	1			1			
11	1			1			
12	1			1			
13	1			1			
14	1			1			
15	1	1		1			
16	1	1					
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49							
50							
TOTAL IND.	2	↓	2	↓		↓	
TOTAL DEP.	17	←	13	←		←	
TOTAL CLAIMS	19		15				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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99							
100							
TOTAL IND.						↓	
TOTAL DEP.						←	
TOTAL CLAIMS						←	